

NOV 18 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County.....Jackson.....

Registration District No.....

Township.....Kaw.....

Primary Registration District No.....

City.....Kansas City, Mo.....

No. 1011 Cherry Street,

St. .... Ward)

## 2. FULL NAME

Louisa Walker,

(a) Residence, No.

1011 Cherry Str., City.

St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

William Walker,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 16th, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, .... hrs.

or .... min.

73

4

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

At Home

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)

Glasgow, Missouri.

(STATE OR COUNTRY)

FATHER

13. NAME

Ignatius Reich

14. BIRTHPLACE (CITY OR TOWN)

Germany.

(STATE OR COUNTRY)

15. MAIDEN NAME

Cariline Shirpy,

Germany.

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Harry H. Walker,

1011 Cherry, St., K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Moriah, Cem.

DATE

Oct.

1937

19. UNDERTAKER

(ADDRESS)

Mrs. C. L. Forster,

918 Brooklyn Avenue, K. Mo.

20. FILED

Oct 21, 1937 M. M. Brown

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from

10-20-37, to 10-20-37, 1937

I last saw him alive on 10-23-37, 1937. Death is said

to have occurred on the date stated above, at 10:35 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Congestive

Heart Failure.

Hypertension.

Atherosclerosis &amp;

Dysrhythmia

Other contributory causes of importance: 93c

Chronic Myocarditis

Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis? Clinisch

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury

Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

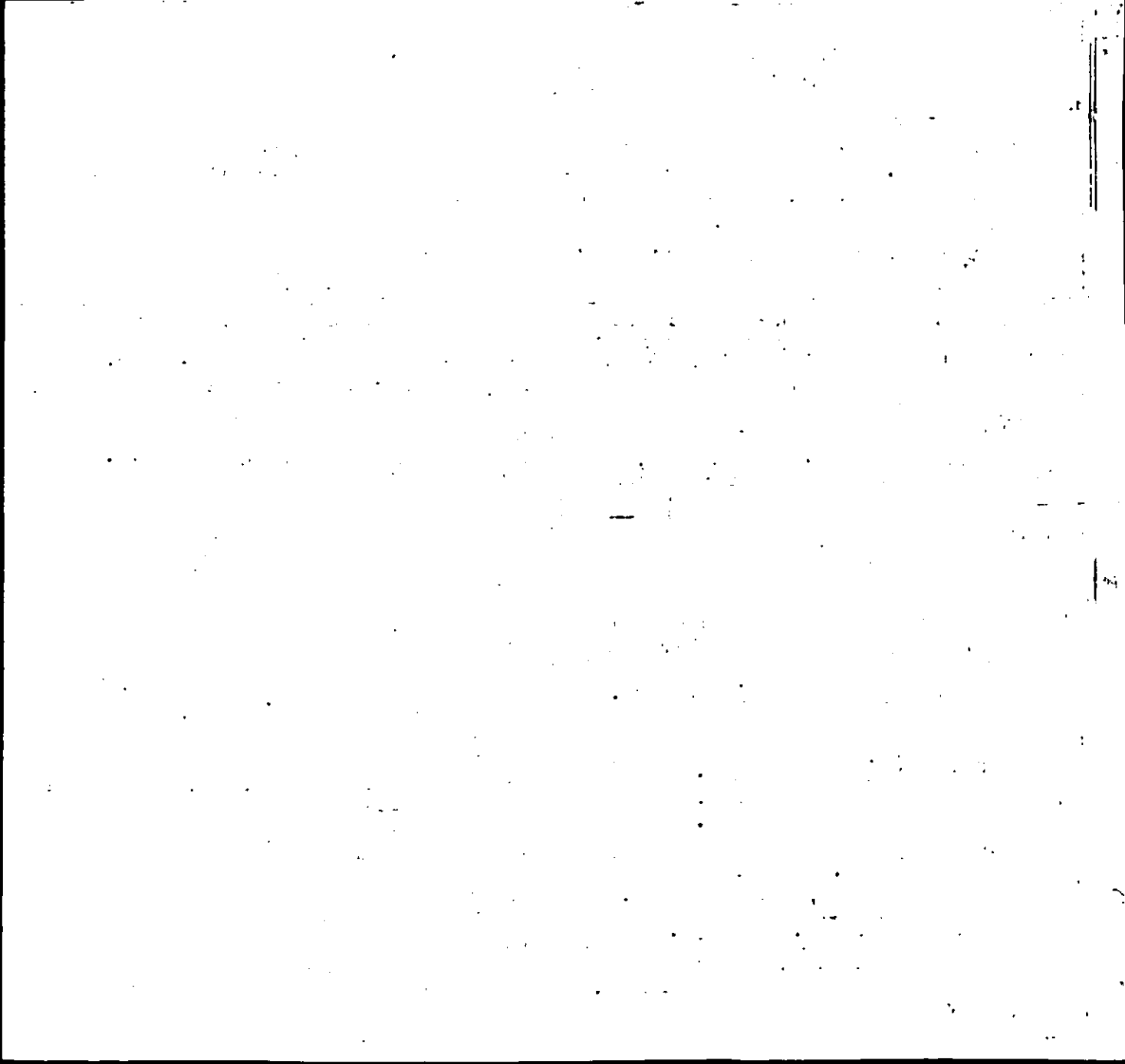
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M. M. Brown, M. D.

(Address) 1000



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

36812

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson

Registration District No. 399

(b) Township K. C. Me

Primary Registration District No. \_\_\_\_\_

Registered No. 4241

(c) City K. C. Me

(d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St. ☐  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 73 MONTHS 0 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE Oct 22 1937

19. FUNERAL DIRECTOR  
(ADDRESS)

20. FILED

10/21/37 M. M. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. P. Miller, M. D.

(Address) 800 Argyle

S-3422